thereof, and the Ministry devise ways and means to ensure universal coverage in all States while paying special attention to Uttar Pradesh and Bihar.

Tainted blood used in blood transfusion

†2866. SHRI SATYAVRAT CHATURVEDI:
SHRI MOTILAL VORA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of incidents which has come to the notice of Government regarding the transfusion of infected blood to patients due to negligence of doctors in Rajasthan in the last two years;

(b) whether the case of transfusion of HIV-infected blood to six children in Sri Ganga Nagar district of Rajasthan in August, 2009 has come into the light;

(c) if so, the action taken in this regard; and

(d) the steps taken by Government to stop the recurrence of such incidents in future?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) As per the report received from Rajasthan State AIDS Control Society, one incident has come to the notice of the State Government regarding the transfusion of un-screened blood to patients, due to negligence of doctors at Shyam Nursing Home and Goyal Laboratory in Anupgarh town of Sri Ganga Nagar district in Rajasthan.

A detailed enquiry was conducted by Block Chief Medical Officer, Anupgarh and Joint Director, Bikaner on 29th August 2009. No substantial evidence was found on charge of transfusion of HIV infected blood to one patient. Samples were also taken from 11 blood donors for HIV testing. The report suggests that all the samples tested were found to be HIV negative.

(c) and (d) Based on the enquiry report, a FIR was lodged at Police Station, Anupgarh on 29th August 2009.

The Government of Rajasthan has constituted one team in each district comprising of Block Chief Medical Officer, Medical Officer In charge and concerned Drug Control Official, for inspection of all Nursing Homes, Hospitals and Diagnostic Laboratories in each district.

AIIMS-like hospital in Assam

2867. SHRI BIRENDRA PRASAD BAISHYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the proposed budgetary position of a AIIMS-type hospital in Assam; and

†Original notice of the question was received in Hindi.

(b) by when it is likely to be completed?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) There is no proposal to set up AIIMS like hospital in Assam.

Beneficiaries of Rashtriya Arogya Nidhi

2868. SHRI SANTOSH BAGRODIA:
SHRI TIRUCHI SIVA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government plans to publish the list of beneficiaries of Rashtriya Arogya Nidhi in leading newspapers; and

(b) if so, whether Government will provide additional funds for it?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) As per the guidelines of Rashtriya Arogya Nidhi, the State/UTs having their own State Illness Assistance Fund are required to publish the list of beneficiaries in a leading newspaper at the State level for public knowledge. The grant-in-aid to the extent of 50% of the contributions made by the State/UT in the State Illness Assistance Fund is released by the Central Government.

Gender gap in Punjab

2869. SHRIMATI SYEDA ANWARA TAIMUR:
SHRI VIJAY JAWAHARLAL DARDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the recent study by Action Aid which revealed gender gap in some areas of Punjab (where the per-capita income is comparatively high) had increased to 300 girls per 1000 boys;

(b) if so, whether it is primarily due to deeply rooted gender norms in India to devalue women, and the largely feudal and patriarchal society is perpetuating women's lower status; and

(c) whether co-operation of NGOs, Self-Help Groups or renowned priests of major religious beliefs been sought in this direction?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) Yes. However, according to the Government of Punjab, no information is available with them regarding any study done by Action Aid in Punjab. As per the Census of India, 2001, the sex ratio and child sex ratio in Punjab was 874 and 798 females per 1000 males, respectively.

(b) Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population.